U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official General Parties of Pa	
E	CAS DRON	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5280	2. Fiscal Year Covered From:					
5282	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Richard C Leaman	Name Washington Printing Union Local 72-C					
	Labor Organization File Number					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 799 Briggs Chaney Road	Street 6037 Baltimore Ave					
City Silver Spring State MN ZIP Code +4 20905	City Riverdale					
State M0 ZIP Code + 4 20905	State MD ZIP Code + 4 20737-1996					
5. Position in labor organization. Vice-President						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name	A A A A A A A A A A A A A A A A A A A					
Trade Name, if any:	ALAN WEST AND THE STATE OF THE					
P.O. Box, Bldg., Room No., if any						
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Street						
City	A 0. A 2.0 A					
State ZIP Code + 4						
Sign	nature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Autol	On 8/3/05 301-384-5946					

Name of Person Filing Richard C Leaman		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name Pressmen Pension Fund	a. Labor Organization b. Trust c. Employer					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street 4600 Powder Mill Road, Suite 100						
City Beltsville						
State MD ZIP Code +4 20705-2675						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	WANTED AND THE STATE OF THE STA	000.000.000.000.000.000.000.000.000.00			
Name Pressmen Pension Fund	International Foundation of Employee Benefit Class Fee and Per-Diem,					
Trade Name, if any:	for trip e		Per-Diem,			
P.O. Box, Bldg., Room No., if any	701 111pe	Ap G. Sco.	Ann of the A. com-			
Street 4600 Powder Mill Road Suite 100		$^{-6}$) $^{-6}$ $^{$	1/20/60			
city Beltsuille	11.b. Approximate dollar value of such dealing. 4,396.90 12.a. Nature of interest held or income received. Class Fee & Rer-Diem					
State MD ZIP Code + 4 20705-2615						
	AND CONTRACTOR OF CONTRACTOR O	-	***************************************			
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	12.b. Amount.		4,396,90			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment					
(including trade name, if any).	porameters and the second seco	TAN V. STORY A. V. A. V. STORY A. V. STORY AND				
Name	excenses decides of		A STATE OF THE STA			
Trade Name, if any:	N. J. Albano i Makannya		A STATE OF THE STA			
P.O. Box, Bldg., Room No., if any	STATE AND POT WEEK					
Street	Organization of the contraction		Victoria			
City City City City City City City City	Variable (American)					
State ZIP Code + 4		.o.d. ሲ. ሲ. co.o.d. ሲ. pag. (1. co.o.d. pag. ag. co.o.d. pag. co.o.d.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					
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